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APPLICANTS

Ronald S. Cok, Rochester, NY;

**** CONTINUING DATA *******This application is a CIP of 10/271,149 10/15/2002 ABN *Yes***** FOREIGN APPLICATIONS ********None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>PR</i> Initials			

ADDRESS

Paul A. Leipold
 Patent Legal Staff
 Eastman Kodak Company
 343 State Street
 Rochester, NY 14650-2201

TITLE

OLED display with circular polarizer

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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